

FORM 2*

Disclosure of Owners, Investors, Managers and Controlling Parties


Part I: Ownership Structure						
List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.						
Name RICHARD SANTURRI		Title MANAGER		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? x <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City CRANSTON	State RI	ZIP 02905	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) [REDACTED]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]		
Name SHANE PLANTE		Title		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? x <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City BARRINGTON	State RI	ZIP 02808	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) [REDACTED]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]		
Name ZACHARY BARNES		Title		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? x <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City CRANSTON	State RI	ZIP 02905	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) [REDACTED]		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]		
Name		Title		SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number ()	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant		
Name		Title		SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number ()	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant		
Name		Title		SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number ()	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant		

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
N/a			


 Authorized Signatory

24/04/2017

Date

Richard Santurri, Manager, East Coast Associates, LLC
 Printed Name